CERTIFICATION OF VITAL RECORD

C-1-PB-17-000442

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

Filed: 3<u>H</u>/2017 4:47:11 PM Dana DeBeauvoir Travis County Clerk C-1-PB-17-000442 Sophia Delacroix

| 11. | | NAME OF DE | CEASED (Inclu | ude AKA's, if an | | | OF DE | | 31 | (Maiden |) | 2. DATE | OF DEATH 1 | 16-19 | RESUN |
|--|--|--|--|--|--|--|--|--|--|--|---|---|---|--|--|
| F | OL AN | ID WILLIA | M TOEDT | | | | | X 61. | 10 | | | F | | CEMBER 26, | |
| | SEX | | 4. DA | | yyy) 5. (Y | AGE-Last Birt ears) | hday | IF UNDER Mo | Days Days | F UNDER Hours | Min | 6. BIRT | THPLACE (City | y & State or Foreig | n Count |
| 7 | MALE | LSECURITY | NUMBER | 18 N | MARITAL STA | TUS AT TIME | 52 OF DEATH | Ma | rried 9 | 9. SURVIVI | NG SPOUSE | | NSTON, IL wife, give nar | me prior to first ma | rriage) |
| Ľ | SOCIAL | L SECONITI | NONDEN | | | | | vlarried Un | | | | | | | -65 |
| 11 | 10a. RESIDENCE STREET ADDRESS 10b. APT. NO. 10c. CITY OR TOWN | | | | | | | | | | | | | T | |
| 6 | 6206 LANDSCAPE DR. | | | | | | | AL | | | | ISTIN | | | |
| | od. COU | | L Dr. | 10 | 0e. STATE | | | | 10f. 2 | ZIP CODE | C. Mark | 10g. l | NSIDE CITY L | 200 | |
| | RAVIS | | | | TEXAS | | S | | 787 | | | 0 | Yes | No | |
| 1 | 1. FATH | ER'S NAME F | PRIOR TO FIRS | T MARRIAGE | | | 12.1 | MOTHER'S NAM | ME PRIOR 1 | TO FIRST M | IARRIAGE | | - 6 | | |
| F | ETER | TOEDT | | T As | | 10 | ES | TELLA IREI | NE RAMI | REZ | | | | 1000 | - |
| I - | - | | IN A HOSPITA | - | | OCCURRED | SOMEWHE | RE OTHER TH | AN A HOSPI | ITAL: | F - 1 | 1 | TES | | |
| 1. | Inpati | ient E | R/Outpatient | DOA LIS CITO | - | March Total Control | - | Home De | | | | | on, give street | address) | |
| Ι, | 4. 0001 | THO BEAT | | 15. 611 | 17101111, 211 | (ii Oo (oii | | | 7 75 | | | | A Y | 455 | |
| | RAVIS | | ME & RELATIO | | TIN, 7873 | 5 | T18. MAILIN | NG ADDRESS C | OF INFORMA | 6206 L | ANDSCAF and Number, | E DR. | Zip Code) | THE RESERVE | |
| 1 | Or | Jan G HA | | | | | | | | 7 | | 10 | 49 | | |
| E | STEL | LA SALON | MON - MOTI | HER | | [20. SIG | 2142 LC | DNE ROCK | DR., KIN | GWOOD UNERAL D | RECTOR OF | 9 PERSON | 21. | | 16-1 |
| | Burial | | Cremation | | Donation | ACTING | AS SUCH | | 0 | | | | | The state of the s | Unknow |
| | Enton | nbment | □ R | temoval from sta | ate | ROY | DEAN.W | INSLOW B | YELECT | RONIC: | SIGNATUR | RE- | Section | 11 | |
| 1 | 100 | (Specify) | | | 5.5 | 1142 | 57 | | | | | | Block | 50 | |
| 2 | 2. PLAC | E OF DISPOS | SITION (Name of | of cemetery, cre | ematory, other | r place) | 23. | LOCATION (Cit | y/Town, and | State) | 0 | 197 | Lot | 1 | |
| 2 | | | | | | | | JMBLE, TX | DDDESS OF | CLINEDAL | FACILITY (St | reet and N | Space tumber City S | tate Zin Code) | |
| 2 | 4. NAME | E OF FUNERA | AL PACILITY | | | | | CONT LE LE AL | DI LEGO OI | - ONLINE | | | dinaci, city, c | | |
| | | FUNERA | | | | - 13 | 79 | 6 RUSSELL | PALME | R, KING | NOOD, TX | 77339 | | | |
| 2 | | TIFIER (Check | only one) the best of my k | | | the second of | ad monner etal | had . | | | | | | | |
| | | ATURE OF CE | tice of the Peace | · On the basis of | examination, ar | nd/or investigati | on, in my comi | | | | | | | | |
| | 1.SIGNA | | | | | | 100 | on, death occurre | d at the time,o | date and plac | e, and due to th | e cause(s) a | 130 TIME OF | ed. DEATH/Actual or | presum |
| 11.2 | /ICKIE | | | , BY ELEC | TRONIC | 18 | 28. | DATE CERTIFI | d at the time,o ED (mm-dd- | yyyy) 29 | e, and due to the | e cause(s) a UMBER | 30. TIME OF | ed. DEATH(Actual or | presum |
| 15 | SIGNA | WILLOU | GHBY, D.O. | | 2 1.7 | 17 | 28. | DECEMBE | ED (mm-dd- | уууу) 29 | e, and due to th | e cause(s) a | 30, TIME OF | ed. DEATH(Actual or 15:42 | presum |
| (0) | SIGNA 11. PRIN | WILLOU TURE TED NAME, A | GHBY, D.O. | ERTIFIER (Stre | eet and Numb | ber, City,State | Zip Code) | DATE CERTIFI | ED (mm-dd- | уууу) 29 | e, and due to the | e cause(s) a | 30. TIME OF | 15:42 F OF CERTIFIER | presum |
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This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JAN 09 2017

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

VICTOR A. FARINELLI ACTING STATE REGISTRAR

